

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

700 Newport Center Drive

☐ Check if different than previously reported. (ACC)

Newport Beach

CA

92660

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00068528

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patricia Douglass

Signature of Treasurer

Patricia Douglass

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 07 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		98254.41
(b) Cash on Hand at Beginning of Reporting Period.....	101016.23	
(c) Total Receipts (from Line 19)	34830.97	234592.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	135847.20	332847.20
7. Total Disbursements (from Line 31)	35500.00	232500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100347.20	100347.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	5		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

31047.64

177877.84

(ii) Unitemized

1783.33

54714.95

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

32830.97

232592.79

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

32830.97

232592.79

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

2000.00

2000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

34830.97

234592.79

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

34830.97

234592.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	232500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35500.00	232500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35500.00	232500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32830.97	232592.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32830.97	232592.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. DIANE W DALES

Mailing Address 28 CLERMONT

City

NEWPORT COAST

State

CA

Zip Code

92657-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : 1036260

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B. MS. JULIET A PINKERTON

Mailing Address 5874 GARRISON RD

City

FRANKLIN

State

TN

Zip Code

37064-9242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIVISIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : 1036599

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

C. MR. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City

JOHNSTON

State

IA

Zip Code

50131-3053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RISK SELECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : 1036662

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. STEVEN R ELDER

Mailing Address 385 25TH AVE

City
MILTON

State
WA

Zip Code
98354-9359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : 1036672

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B. MR. CHRISTOPHER L RATCHFORD

Mailing Address 2807 FOUNDERS BRIDGE RD

City

MIDLOTHIAN

State

VA

Zip Code

23113-6366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

Field VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : 13431493

Amount of Each Receipt this Period

2100.00

Check

Full Name (Last, First, Middle Initial)

C. MR. FRANCIS X MURPHY

Mailing Address 18909 RIVER FALLS DR

City

DAVIDSON

State

NC

Zip Code

28036-8857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : 7990192

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City
WALNUT

State
CA

Zip Code
91789-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MKTG COMPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103621010624

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. JULIE E TRASK

Mailing Address 181 S CRAIG DR

City
ORANGE

State
CA

Zip Code
92869-3731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103621210624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DEWEY P BUSHAW

Mailing Address 5433 RESIDENCIA

City
NEWPORT BEACH

State
CA

Zip Code
92660-9047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EXEC VP RSD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103623010624

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

516.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MICHAEL J BUSSARD

Mailing Address 5256 LYSANDER LN

City

BRENTWOOD

State

TN

Zip Code

37027-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	5		

Transaction ID : PR103623110624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City

YORBA LINDA

State

CA

Zip Code

92886-3865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP & CHF ACTG OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	5		

Transaction ID : PR103623210624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City

MISSION VIEJO

State

CA

Zip Code

92691-6048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP & CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	5		

Transaction ID : PR103623810624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. LAURIE A CHURCH

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code
HUNTINGTON BEACH CA 92646-7636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR ISS SERVICE SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103624210624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DENNIS M CORBETT

Mailing Address 15136 TOURAIN WAY

City State Zip Code
IRVINE CA 92604-3173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103625110624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 839 PROMONTORY DR W

City State Zip Code
NEWPORT BEACH CA 92660-7361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE DEVELOPMENT & ACQUISTNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103625610624

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. PETER J CURRY

Mailing Address 1132 WINDSOR LN

City State Zip Code
TUSTIN CA 92780-2843

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

IT SERVICE MGMT CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2015

Transaction ID : PR103625810624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. STEPHANIE J CURRY

Mailing Address 6453 MEADOWRIDGE DR

City State Zip Code
SANTA ROSA CA 95409-5848

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

RETIREMENT STRATEGIES CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2015

Transaction ID : PR103625910624

Amount of Each Receipt this Period

105.00

P/R Deduction (\$105.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City State Zip Code
IRVINE CA 92614-7000

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2015

Transaction ID : PR103627110624

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DAVID R FINEAR

Mailing Address 718 K THANGA DR

City

CORONA DEL MAR

State

CA

Zip Code

92625-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103627810624

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City

IRVINE

State

CA

Zip Code

92606-0830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP & ASST CHIEF UNDRWRTR ADM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103629010624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. MILDA C GOODMAN

Mailing Address 310 ALISO AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORPORATE ADVERTISING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103629210624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. LORENE C GORDON

Mailing Address 35 ANACAPA LN

City

ALISO VIEJO

State

CA

Zip Code

92656-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP OPERATIONS & PMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103629310624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP & CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103629610624

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City

SAN DIEGO

State

CA

Zip Code

92107-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103630710624

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

740.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 14 OF 101
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City	State	Zip Code
FOOTHILL RANCH	CA	92610-1925

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR10363110624

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. SHELLY J HIGGINS

Mailing Address 33032 TESORO ST

City	State	Zip Code
DANA POINT	CA	92629-1332

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ACCT SYS OPS & STRTG Y INIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103631510624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City	State	Zip Code
LAGUNA NIGUEL	CA	92677-1332

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP INVESTMENT ADVISOR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103631610624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

380.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City

EDMONDS

State

WA

Zip Code

98026-6643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR M CHANNEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103632410624

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103632510624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City

TOWSON

State

MD

Zip Code

21204-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103632710624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. LORI A JOHNSTONE

Mailing Address 1450 SEA RIDGE DR

City

NEWPORT BEACH

State

CA

Zip Code

92660-8207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SPECIALTY INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR103632910624

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. SUZANNE T KAMPA

Mailing Address 5531 STANFORD AVE

City

GARDEN GROVE

State

CA

Zip Code

92845-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR INTERNAL AUDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR103633210624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City

DANA POINT

State

CA

Zip Code

92629-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR103633710624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
 SAN CLEMENTE CA 92673-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SELECT MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY
 07 / 31 / 2015

Transaction ID : PR103634210624

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City State Zip Code
 PALOS VERDES ESTATES CA 90274-4307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

MM / DD / YYYY
 07 / 31 / 2015

Transaction ID : PR103634710624

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. TERESA M LORD

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code
 HUNTINGTON BEACH CA 92649-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
 07 / 31 / 2015

Transaction ID : PR103635410624

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

595.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code
COSTA MESA CA 92626-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FUND COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2015

Transaction ID : PR103635610624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City State Zip Code
HUNTINGTON BEACH CA 92648-6847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2015

Transaction ID : PR103636010624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2015

Transaction ID : PR103636110624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROBERT B MC KIBBIN

Mailing Address 416 W 68TH ST

City
KANSAS CITY

State
MO

Zip Code
64113-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103636210624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City
BURLESON

State
TX

Zip Code
76028-7467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103636410624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. CAROLYN J MIDDLEBROOKS

Mailing Address 2024 E OCEAN BLVD

City
NEWPORT BEACH

State
CA

Zip Code
92661-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CHIEF LIFE UNDERWRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103636910624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOSE T MISCOLTA

Mailing Address 3 GRETCHEN COURT

City

ALISO VIEJO

State

CA

Zip Code

92656-5203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INVESTMENT MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103637510624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City

OMAHA

State

NE

Zip Code

68116-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SYSTEMS ANALYSIS CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103637610624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JAMES T MORRIS

Mailing Address 32141 COOK LN

City

SAN JUAN CAPISTRANO

State

CA

Zip Code

92675-3934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103637910624

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

566.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. RICHARD P OLSON

Mailing Address 24902 SUNSET PL E

City

LAGUNA HILLS

State

CA

Zip Code

92653-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR SECURITY SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103639310624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. JOYCE J PEAD

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP HR BUS PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103640010624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. YVES F PINKOWITZ

Mailing Address 20541 VIA EL TAJO

City

YORBA LINDA

State

CA

Zip Code

92887-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORP FIN & REG RPTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103640510624

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City

NEWPORT BEACH

State

CA

Zip Code

92660-9116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103640810624

Amount of Each Receipt this Period

350.00

P/R Deduction (\$350.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOSEPH A PUM

Mailing Address 33 BOLERO

City

MISSION VIEJO

State

CA

Zip Code

92692-5160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103640910624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JAMES R RICE

Mailing Address 11 STILLWATER

City

IRVINE

State

CA

Zip Code

92603-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103641410624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 23 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. THOMAS M RONCE

Mailing Address 19 GLEN ELLEN

City

IRVINE

State

CA

Zip Code

92602-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & TAX COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103642010624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RICHARD J SCHINDLER

Mailing Address 28472 AVENIDA PLACIDA

City

SAN JUAN CAPISTRANO

State

CA

Zip Code

92675-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103642610624

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. KIMBERLY K SCHULTZ

Mailing Address 28392 CALLE PINON

City

SAN JUAN CAPISTRANO

State

CA

Zip Code

92675-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103643010624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

766.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City

NEWPORT BEACH

State

CA

Zip Code

92660-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103643110624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. SONJA V SCOTT

Mailing Address 30 CANYONWOOD

City

IRVINE

State

CA

Zip Code

92620-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPENSATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103643310624

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City

SAN CLEMENTE

State

CA

Zip Code

92673-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TECH OFFICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103643510624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

205.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 25 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. CAROL R SUDBECK

Mailing Address 11 SOMMET

City	State	Zip Code
NEWPORT COAST	CA	92657-0104

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP, HR & PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103645010624

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City	State	Zip Code
ORANGE	CA	92869-4633

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103645810624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City	State	Zip Code
MISSION VIEJO	CA	92691-1723

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103645910624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

591.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603-0404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR103646010624

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City

NEWPORT BEACH

State

CA

Zip Code

92658-0386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REGUALTORY PRDCTS ACCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR103646210624

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. CATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City

MURRIETA

State

CA

Zip Code

92562-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP NATL ACCTS & BD SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR103646310624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

626.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694-0204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COMMERCIAL MORTGAGE INV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR103646510624

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOHN WHITE

Mailing Address 28532 VIA PRIMAVERA

City

SAN JUAN CAPISTRANO

State

CA

Zip Code

92675-5513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SALES SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR103647410624

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. ALAN D WUEST

Mailing Address 4473 AUGUSTA DR

City

OCEANSIDE

State

CA

Zip Code

92057-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPERATIONS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR103648010624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City	State	Zip Code
IRVINE	CA	92618-4043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & FUND ADVISOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103648210624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. REED J LLOYD

Mailing Address 84 NORTHWOODS RD

City	State	Zip Code
NORTH GRANBY	CT	06060-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP RETIREMENT STRATEGIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103652110624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. REX A OLSON

Mailing Address 1963 PORT LAURENT PL

City	State	Zip Code
NEWPORT BEACH	CA	92660-7118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP&SR MANAGING DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103652210624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. CYNTHIA D BARNARD

Mailing Address 510 TUSTIN AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663-4821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103652910624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. CAROLYN DEAN

Mailing Address PO BOX 3051

City

DANA POINT

State

CA

Zip Code

92629-8051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACCOUNTING DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103653410624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. CAROL E RUMSEY

Mailing Address 25221 SPINDLEWOOD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FUND & ADVISOR COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103654510624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. PHILIP A TEETER

Mailing Address 31422 ALTA LOMA DR

City State Zip Code
LAGUNA BEACH CA 92651-6926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP TECH & OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103654710624

Amount of Each Receipt this Period

275.00

P/R Deduction (\$275.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. TENNYSON S OYLER

Mailing Address 52 PEONY

City State Zip Code
IRVINE CA 92618-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP BRAND MGMT & PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103656110624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City State Zip Code
IRVINE CA 92604-3619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103656810624

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City State Zip Code
 NEWPORT BEACH CA 92663-5855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2210.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103657310624

Amount of Each Receipt this Period

320.00

P/R Deduction (\$320.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City State Zip Code
 IRVINE CA 92614-7449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PSD COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103658410624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. CHRISTINA Q HE

Mailing Address 16625 SONORA STREET

City State Zip Code
 TUSTIN CA 92782-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVESTMENT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103658710624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

410.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN F O'DONNELL

Mailing Address 24566 MOONFIRE DR

City
DANA POINTState
CAZip Code
92629-1779FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103659610624

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City
LAGUNA NIGUELState
CAZip Code
92677-1382FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INSTITUTIONAL SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103660410624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. TRAVIS R MC KAY

Mailing Address 48 GOLF AVE

City
CLARENDON HILLSState
ILZip Code
60514-1252FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103660610624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION & RISK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103661010624

Amount of Each Receipt this Period

210.00

P/R Deduction (\$210.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City

SAN CLEMENTE

State

CA

Zip Code

92672-7513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RSD SALES CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103661510624

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DOUGLAS J URATA

Mailing Address 28202 MILLWOOD RD

City

TRABUCO CANYON

State

CA

Zip Code

92679-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ISP MKTG ASSOC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103661610624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

666.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. RICHARD M WILKES

Mailing Address 11144 SAGE CREEK DR

City

GALENA

State

OH

Zip Code

43021-8007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103662710624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City

LAGUNA HILLS

State

CA

Zip Code

92653-7577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE SECURITIES & RESEARCH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103662810624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TECHNOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103663010624

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

235.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. MARY ANN BROWN

Mailing Address 304 WEYMOUTH PL

City

LAGUNA BEACH

State

CA

Zip Code

92651-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP CORPORATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103663110624

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City

COSTA MESA

State

CA

Zip Code

92626-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ASST CORP SECRETARY DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103663210624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. SIMON S FENG

Mailing Address 10 CANDELA

City

IRVINE

State

CA

Zip Code

92620-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP BUS & TECH INTEG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103663510624

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 101
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. THOMAS GIBBONS

Mailing Address 1970 PARK NEWPORT

City	State	Zip Code
NEWPORT BEACH	CA	92660-5068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP, TREASURY TAX & ENTERPRISE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103663610624

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City	State	Zip Code
OMAHA	NE	68135-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPS BUS Solutns

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103663910624

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MARK A KARPE

Mailing Address 16 AUTUMNLEAF

City	State	Zip Code
IRVINE	CA	92614-7596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103664110624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

535.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. GREGORY L KEELING

Mailing Address 325 LA JOLLA DR #2

City	State	Zip Code
NEWPORT BEACH	CA	92663-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103664210624

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City	State	Zip Code
TUSTIN	CA	92780-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT SPEC DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103664610624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. CHAD A ROSS

Mailing Address 567 BUTTERWOOD AVE

City	State	Zip Code
SAN MARCOS	CA	92069-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR BROKER DEALER SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103664910624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DAVID K ROSUCK

Mailing Address 20 SAINT JOHN DR

City

HAWTHORN WOODS

State

IL

Zip Code

60047-9176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP MKTG COMMUNICATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR103665010624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. ELIZABETH H SKINNER

Mailing Address 57 CORAL LK

City

IRVINE

State

CA

Zip Code

92614-5487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TECHNOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR103665510624

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. CHERYL L TOBIN

Mailing Address 24426 PEACOCK ST

City

LAKE FOREST

State

CA

Zip Code

92630-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR103665710624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

330.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. GEORGE A PAULIK

Mailing Address 314 ROLLING ROCK RD SE

City State Zip Code
 MARIETTA GA 30067-4646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP-NCM IP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR10366510624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JEFF J BRADSHAW

Mailing Address 22081 OAK GRV

City State Zip Code
 MISSION VIEJO CA 92692-4302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORP DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103666710624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. KAREN M BROWN

Mailing Address 1230 FOWLER CREEK RD

City State Zip Code
 SONOMA CA 95476-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MODEL OFC ANN TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103666910624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. STEPHEN K ENG

Mailing Address 5 PURPLE SAGE

City	State	Zip Code
IRVINE	CA	92603-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR RISK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103667310624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. CHARLENE A GRANT

Mailing Address 3311 SEAVIEW AVE

City	State	Zip Code
CORONA DEL MAR	CA	92625-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103667510624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DAVID C HONERKAMP

Mailing Address 839 PROMONTORY DR W

City	State	Zip Code
NEWPORT BEACH	CA	92660-7361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR103667610624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. KRISTINA L KENNEDY

Mailing Address 6 CAMARIN ST

City State Zip Code
FOOTHILL RANCH CA 92610-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ACTUARIAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103667810624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code
TRABUCO CANYON CA 92679-3469

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CHIEF COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103668210624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. DAWN M TRAUTMAN

Mailing Address 308 REGATTA WAY

City State Zip Code
SEAL BEACH CA 90740-5985

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRODUCT MGT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR103668610624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 42 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JEFFREY R WILT

Mailing Address 1 BAILEY DR

 City
 GLENWOOD

 State
 NJ

 Zip Code
 07418-1024

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103668810624

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

 City
 PARKER

 State
 CO

 Zip Code
 80134-5240

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RETAIL SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103669110624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. BRANDON J CAGE

Mailing Address 31885 OLD OAK RD

 City
 TRABUCO CANYON

 State
 CA

 Zip Code
 92679-3245

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103669510624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

340.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 43 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DAVID L GOLDSTEIN

Mailing Address 12324 CANTURA ST

City

STUDIO CITY

State

CA

Zip Code

91604-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP COLI UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103670110624

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. CHIN H KIM

Mailing Address 18 AMANTES

City

RANCHO SANTA MARGARITA

State

CA

Zip Code

92688-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED MRKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103670210624

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. RONALD C SEXTON

Mailing Address 2800 KELLER DR APT 50

City

TUSTIN

State

CA

Zip Code

92782-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DATABASE ADMINISTR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103670910624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City

LAGUNA HILLS

State

CA

Zip Code

92653-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP AGGREGATE RISK MGMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103671210624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JIM Y CHU

Mailing Address 22931 GALAXY LN

City

LAKE FOREST

State

CA

Zip Code

92630-4905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRICING & DESIGN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103671410624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. TIFFANY L GREGATH

Mailing Address 2820 CAMINO CAPISTRANO APT D

City

SAN CLEMENTE

State

CA

Zip Code

92672-4812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MARKETING SVCS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103671510624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 45 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. STEVEN H GOLDBERG

Mailing Address 11 TWIN FLOWER ST

City

LADERA RANCH

State

CA

Zip Code

92694-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT MGMT DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103671810624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JASON T TODD

Mailing Address 15 LEWISTON CT

City

LADERA RANCH

State

CA

Zip Code

92694-0532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR103719910624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MADHU VIJAY

Mailing Address 2 SKYGATE

City

ALISO VIEJO

State

CA

Zip Code

92656-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP & CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR106147510624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

425.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROBERT J AVELLINO

Mailing Address 3 PHEASANT DR.

City

MOUNT LAUREL

State

NJ

Zip Code

08054-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR106147810624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. CARLETON J MUENCH

Mailing Address 111 NORTHERN PINE LOOP

City

ALISO VIEJO

State

CA

Zip Code

92656-6056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVESTMENT OVERSIGHT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR106148310624

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. TIM N SHAHEEN

Mailing Address 27621 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-6603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SHARED SVCS & STRAT PLNG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR106148710624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MICHAEL J DONNELLY

Mailing Address 16 GARDEN TER

City

WALPOLE

State

MA

Zip Code

02081-3771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

231.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR106679910624

Amount of Each Receipt this Period

33.00

P/R Deduction (\$33.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JAMES P LEASURE

Mailing Address 2427 PORT WHITBY PL

City

NEWPORT BEACH

State

CA

Zip Code

92660-5435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP&SR MANAGING DIR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR106680110624

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JAMES F SHERIDAN

Mailing Address 9584 ROBIN AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-7250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACG/AIRCRAFT SVCS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR110846910624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

113.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 48 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DAVID J VAN DE WATER

Mailing Address 6433 PALOMINO WAY

 City
 WEST LINN

 State
 OR

 Zip Code
 97068-2244

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR11068910624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

 City
 HUNTINGTON BEACH

 State
 CA

 Zip Code
 92649-4225

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INNOVATION MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR113233510624

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. ANN M DELANEY

Mailing Address 9 GRENADA ST

 City
 LAGUNA NIGUEL

 State
 CA

 Zip Code
 92677-4825

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROJECT MGMT CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR123619310624

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROGER D BOND

Mailing Address 225 SAN TROPEZ CT.

City

LAGUNA BEACH

State

CA

Zip Code

92651-4417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR155988910624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. ANDREW OLEKSIW

Mailing Address 22 SKY RANCH RD

City

LADERA RANCH

State

CA

Zip Code

92694-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP CORP DEVELPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR155989010624

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. RAE A MCKEATING

Mailing Address 25842 DANA BLF W

City

CAPISTRANO BEACH

State

CA

Zip Code

92624-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR221307110624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

345.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City	State	Zip Code
IRVINE	CA	92603-0153

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVSTMT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR221307510624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. NANCY A HILL

Mailing Address 9 AMBERWICKE

City	State	Zip Code
DOVE CANYON	CA	92679-3742

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR221307810624

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DENIS P KALSCHEUR

Mailing Address 15 BELMONT

City	State	Zip Code
NEWPORT BEACH	CA	92660-6732

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACG CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR221307910624

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

561.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. JENNIFER L ST ONGE

Mailing Address 3 GIVERNY

City

NEWPORT COAST

State

CA

Zip Code

92657-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIN & DERIVATIVE RPTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR221308010624

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. GUY M MOCKELMAN

Mailing Address 4227 N BRANCH DR

City

OMAHA

State

NE

Zip Code

68116-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR CHANNEL SALES TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR221308310624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. TIMOTHY C MYERS

Mailing Address 9 TROFELLO LN

City

ALISO VIEJO

State

CA

Zip Code

92656-6215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR221308610624

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

235.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JAY C HAMILTON

Mailing Address 14 ARGOS

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CONTRACTS & CONFIGURATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR223363510624

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. SHEPHEARD M JAMES

Mailing Address 18030 BROOKHURST ST.

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR223363610624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. RICHARD J MILLER

Mailing Address 2628 RYCROFT CT

City

CHESTERFIELD

State

MO

Zip Code

63017-7108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP IND DIST NETWORK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR317368410624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

410.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 53 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DOUGLAS P JACKSON

Mailing Address 59 AUGUSTA

City

COTO DE CAZA

State

CA

Zip Code

92679-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PROD MGMT & SALES SPPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR327771210624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. WILLIAM D BELL

Mailing Address 12123 COURSER AVE

City

LA MIRADA

State

CA

Zip Code

90638-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR336778410624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DANIEL E KOMOROSKE

Mailing Address 8 OSPREY AVE

City

ALISO VIEJO

State

CA

Zip Code

92656-1772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP LIFE REINSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR336778810624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. ADRIENNE MOUCH

Mailing Address 2524 W WATROUS AVE

City
TAMPAState
FLZip Code
33629-5345FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR336779010624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. KAREN L MOYER

Mailing Address 4821 SUNNYBROOK AVE

City

BUENA PARK

State

CA

Zip Code

90621-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR SYSTEMS ANA (LD)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR336779110624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. BRIAN D PEAD

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP APPL ARCH & INTEG.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR336779410624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JEFFREY S PHILLIPS

Mailing Address 14932 PENFIELD CIR

City State Zip Code
HUNTINGTON BEACH CA 92647-2319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROJECT MGMT CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR336779510624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JON W RUELLE

Mailing Address 3273 CALIFORNIA ST

City State Zip Code
COSTA MESA CA 92626-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DATA GOVERNANCE CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR336779710624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. PARAG S SHAH

Mailing Address 24972 FOOTPATH LN

City State Zip Code
LAGUNA NIGUEL CA 92677-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR336779810624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. KARI S TURIGLIATTO

Mailing Address 253 NIETO AVE

City

LONG BEACH

State

CA

Zip Code

90803-5522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR336779910624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. DEIDRE B BECKLEY

Mailing Address 24215 SPARKLING SPRING LN

City

LAKE FOREST

State

CA

Zip Code

92630-3685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SUPR OPS COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR336780110624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JAMES P WITKOWSKI

Mailing Address 5620 FOXTAIL LOOP

City

CARLSBAD

State

CA

Zip Code

92010-7154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHANNEL MKTG DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR336780210624

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MICHAEL F MIRANNE

Mailing Address 153 SHUTE CIR

City

OLD HICKORY

State

TN

Zip Code

37138-1956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM FI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR344191510624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. KEVIN RODDY

Mailing Address 23221 VIA DORADO

City

COTO DE CAZA

State

CA

Zip Code

92679-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR383708910624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DANIEL J KUBICA

Mailing Address 26362 YOLANDA ST

City

LAGUNA HILLS

State

CA

Zip Code

92656-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR FLD FIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR435822610624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. CARLA M MILLER

Mailing Address 2116 BARLASS DR

City
ROCKWALLState
TXZip Code
75087-7138FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR435822710624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOSEPH J NICOLSI

Mailing Address 5865 E ANDOVER DR

City
HANOVER PARKState
ILZip Code
60133-5240FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR435822910624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. CHRISTIAN J PHANCO

Mailing Address 18710 ORIENTE DR

City
YORBA LINDAState
CAZip Code
92886-2555FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR435823110624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. VINCENT A SPERA

Mailing Address 1616 LOOKOUT CIR

City
WAXHAW

State Zip Code
NC 28173-8085

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR435823510624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. ROBERT S EDWARDS

Mailing Address 9631 MITCHELL PL

City
BRENTWOOD

State Zip Code
TN 37027-8483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR482322110624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. JOANNE T GAGNON

Mailing Address 403 S SAPODILLA AVE

City
WEST PALM BEACH

State Zip Code
FL 33401-5765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP M MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR482322210624

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

267.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. GARY D PENCE

Mailing Address 27691 BLOSSOM HILL RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-6012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MGR ADVANCED MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR482322610624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DAVID T CHANG

Mailing Address 18 IROQUOIS CT

City

IRVINE

State

CA

Zip Code

92602-0751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SR QUANTITATIVE STRATEGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR595292510624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOHN F TRUJILLO

Mailing Address 650 E CHASE DR

City

CORONA

State

CA

Zip Code

92881-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SYSTEMS ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR595292710624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ROBERT V IPPOLITO

Mailing Address 6276 WINGSPAN WAY

City

BRADENTON

State

FL

Zip Code

34203-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR607505010624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. CADE H CHERRY

Mailing Address 20 ESTERO POINTE

City

ALISO VIEJO

State

CA

Zip Code

92656-7040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP STRATEGIC PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR611258810624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. GARY L FALDE

Mailing Address 9212 SANTIAGO DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92646-6342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR611259010624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 62 OF 101
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. SUSAN S PECK

Mailing Address 12521 WEDGWOOD CIR.

City	State	Zip Code
TUSTIN	CA	92780-2879

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR611259410624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. BRIAN W REEVES

Mailing Address 217 AVENUE B

City	State	Zip Code
REDONDO BEACH	CA	90277-4708

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORPORATE FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR611259510624

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. RALPH D SCHOCH

Mailing Address 3443 CROOKED CREEK DR

City	State	Zip Code
DIAMOND BAR	CA	91765-3720

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR APPLIC DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR611259610624

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. REBECCA S WARWAR

Mailing Address 196 S SAGEWOOD ST

City
ORANGE

State
CA

Zip Code
92869-5614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR DC & MAINFRAME SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR611259710624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. WESLEY J FARNER

Mailing Address 23412 PACIFIC PARK DR UNIT 12C

City

ALISO VIEJO

State

CA

Zip Code

92656-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FINANCIAL ANALYST II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR678850410624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MATTHEW L HANSBERGER

Mailing Address 5516 RIVER AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPEN SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR678850610624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 101
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MATTHEW A LEVENE

Mailing Address 22131 CHERRYWOOD

City State Zip Code
MISSION VIEJO CA 92692-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR678850710624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. MICHELLE P O'HAREN

Mailing Address 790 N COAST HWY

City State Zip Code
LAGUNA BEACH CA 92651-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR678850810624

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. JESSICA L RICE

Mailing Address 511 S 51ST AVE

City State Zip Code
OMAHA NE 68106-1362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR678851010624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN M CHURCH

Mailing Address 19011 WOODLAND WAY

City	State	Zip Code
TRABUCO CANYON	CA	92679-1079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT MKTG SPEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR680011810624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. ALEXANDER F MUNRO

Mailing Address 8 HILLSBOROUGH

City	State	Zip Code
NEWPORT BEACH	CA	92660-6733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ENTERPRISE TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR680012010624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. KORY J OLSEN

Mailing Address 20241 BRENTSTONE LN

City	State	Zip Code
HUNTINGTON BEACH	CA	92646-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ACTUARIAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR691190610624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. SARAH A JARVIS

Mailing Address 10209 HOLBURN DR

City	State	Zip Code
HUNTINGTON BEACH	CA	92646-4346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR701457110624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. KIM R CUNNINGHAM

Mailing Address 15117 SPECTRUM

City	State	Zip Code
IRVINE	CA	92618-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HR BUSINESS PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR713129110624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DAVID N FANGER

Mailing Address 817 10TH ST

City	State	Zip Code
SANTA MONICA	CA	90403-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORP DEV FIN ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR713129210624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. JANE B FORBES

Mailing Address 3376 CUMBERLAND LN

City

FRISCO

State

TX

Zip Code

75033-2376

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR713129310624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. JANE M GUON

Mailing Address 5 SPRINGWOOD

City

IRVINE

State

CA

Zip Code

92604-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR713129510624

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JACQUES HUNTER

Mailing Address 1215 GOLDENROD AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM RW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR713129610624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOSEPH KORDOVI

Mailing Address 11 SUNRIVER

City

IRVINE

State

CA

Zip Code

92614-5402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR713129710624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOSEPH A NAGEL

Mailing Address 23995 PIRAGUA PL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-4233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR713129810624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. KATHLEEN J MELGAR

Mailing Address 2821 MONTEREY AVE

City

COSTA MESA

State

CA

Zip Code

92626-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR713130010624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. FRANK J ZHANG

Mailing Address 28 ANACAPA LN

City

ALISO VIEJO

State

CA

Zip Code

92656-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR713130110624

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RUSSELL S PROCTOR

Mailing Address 9 NORTHERN PINE LOOP

City

ALISO VIEJO

State

CA

Zip Code

92656-6034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PENSION SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR714269910624

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DAVID L SCHAFER

Mailing Address 3215 W FIELDER ST

City

TAMPA

State

FL

Zip Code

33611-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR720479410624

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. KEVIN R BYRNE

Mailing Address 2110 CATALINA ST

City

LAGUNA BEACH

State

CA

Zip Code

92651-3677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE & RISK

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR723508110624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOHN R CRUISE

Mailing Address 4348 WAIALAE AVE #507

City

HONOLULU

State

HI

Zip Code

96816-5767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR723508210624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MATTHEW C DOMICH

Mailing Address 3553 S ALBION ST

City

CHERRY HILLS VILLAGE

State

CO

Zip Code

80113-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR723508310624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JAMES L EHRET

Mailing Address 6815 TRAFALGAR LOOP

City

DUBLIN

State

OH

Zip Code

43016-8316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR723508410624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RYAN J JOHNSON

Mailing Address 4531 NINA LN

City

MIDDLETON

State

WI

Zip Code

53562-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR723508510624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DOUGLAS E KALMEY

Mailing Address 314 CORALBERRY RD.

City

LOUISVILLE

State

KY

Zip Code

40207-5704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR723508610624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. THOMAS M KELLY

Mailing Address 779 ALDEN LN

City
LIVERMOREState Zip Code
CA 94550-4752FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR723508710624

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DAVID L LAUTENSCHLAGER

Mailing Address 22192 BROOKPINE

City
MISSION VIEJOState Zip Code
CA 92692-1084FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR723508810624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. THOMAS R MARKS

Mailing Address 203 DIERKS DR

City
WESTERN SPRINGSState Zip Code
IL 60558-2030FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR723508910624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JONATHAN H WALKER

Mailing Address 99 SKYLINE TERRACE

City

MILL VALLEY

State

CA

Zip Code

94941-3484

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : PR723509210624

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JASON P WOLF

Mailing Address 21817 NE 97TH PL

City

REDMOND

State

WA

Zip Code

98053-7689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : PR723509310624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. SUSAN A WOOD

Mailing Address 809 GREER ST

City

COVINGTON

State

KY

Zip Code

41011-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : PR723509410624

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

385.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. BRIAN T WOOLFOLK

Mailing Address 828 S 182ND ST

City
ELKHORNState
NEZip Code
68022-5707FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRICING & PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR723509510624

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. RICHARD V HEWLETT

Mailing Address 4543 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

15101-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR726468310624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JAMES B CLINKSCALES

Mailing Address 3408 AUTUMN CT

City

FORT WORTH

State

TX

Zip Code

76109-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR737236510624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MICHAEL J DOUGHERTY

Mailing Address 76 MANCHESTER DR

City

BASKING RIDGE

State

NJ

Zip Code

07920-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR739885210624

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. FRANK L BECERRA

Mailing Address 2004 VIA AGUILA

City

SAN CLEMENTE

State

CA

Zip Code

92673-5670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR NETWORK & STORAGE SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR749794410624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. KEITH A BUCK

Mailing Address 27743 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-3762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR749794510624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. GREGORY P POTTER

Mailing Address 145 WHISPERING PINE WAY

City

EXETER

State

RI

Zip Code

02822-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR COPYWRITER SPEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR749795810624

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOHN G REBER

Mailing Address 507 VIA EL RISCO

City

SAN CLEMENTE

State

CA

Zip Code

92673-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REG'L LIFE OFFICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR749795910624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. RANIA C SARKIS

Mailing Address 1070 NORIA ST

City

LAGUNA BEACH

State

CA

Zip Code

92651-3530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVD DESIGN MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR749796010624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. BIANCA M CAMPMAN

Mailing Address 58 BORGHESE

City

IRVINE

State

CA

Zip Code

92618-0113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACCOUNT MGMT SPEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR749796110624

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOSHUA D SCOTT

Mailing Address 30 ORION WAY

City

COTO DE CAZA

State

CA

Zip Code

92679-5116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FIN PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR749796210624

Amount of Each Receipt this Period

41.66

P/R Deduction (\$41.66 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOSEPH C LEE

Mailing Address 1244 BRIDLE ESTATES DR

City

YARDLEY

State

PA

Zip Code

19067-3957

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR WIREHOUSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR751591210624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

246.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. TIMOTHY F SHONTERE

Mailing Address 24642 BENJAMIN CIR

City
DANA POINT

State Zip Code
CA 92629-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP EMPLOYEE RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR751591310624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. BRYAN L BOND

Mailing Address 22391 GRAVINO

City
LAGUNA HILLS

State Zip Code
CA 92653-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR LIFE OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR754273510624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. CHRISTOPHER R CAIRNS

Mailing Address 8008 PASEO ESMERADO

City
CARLSBAD

State Zip Code
CA 92009-9800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIVISIONAL VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR754273610624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. CHRISTOPHER T RITONDO

Mailing Address 46 TIMBERNECK DR

City
READING

State Zip Code
MA 01867-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP NATIONAL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR754273710624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. MATTHEW M HOSKINS

Mailing Address 28021 ENCANTO

City
MISSION VIEJO

State Zip Code
CA 92692-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR766632610624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOHN P ANGEL

Mailing Address 460 S POPLAR AVE

City
ELMHURST

State Zip Code
IL 60126-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : PR799017910624

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM C BARCLAY

Mailing Address 779 OLD COUNTRY RD

City
WESTPORT

State Zip Code
MA 02790-1168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR799018010624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. WILLIAM G BEAGLE

Mailing Address 1 TOSCANY

City
IRVINE

State Zip Code
CA 92614-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MF STRATEGIC PLATFORMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR799018110624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MATTHEW R BOKOSKY

Mailing Address 171 E 18TH ST

City
COSTA MESA

State Zip Code
CA 92627-3058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR799018210624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN J CONOVER

Mailing Address 145 LINDEN DR

City State Zip Code
 BASKING RIDGE NJ 07920-1964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR799018510624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. KURT A DAMRON

Mailing Address 9563 HAMPTON RESERVE DR

City State Zip Code
 BRENTWOOD TN 37027-8485

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR799018710624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. ERICK R KROSKY

Mailing Address 1315 E SAINT JOHN RD

City State Zip Code
 PHOENIX AZ 85022-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR799019010624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 82 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. KENNETH A MCCLINTOCK

Mailing Address 3915 BELL HOLLOW LN

City
KATY

State
TX

Zip Code
77494-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR799019110624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JOHN C TEMME

Mailing Address 3352 FALLING WATER CT

City

SIMI VALLEY

State

CA

Zip Code

93063-5749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR799019310624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. WALTER B ZINYCH

Mailing Address 1376 HELLER DR

City

YARDLEY

State

PA

Zip Code

19067-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR799019510624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. MARK S CAMPISANO

Mailing Address 6 BETHANY

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR801927310624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. STUART I HUTCHINS

Mailing Address 7997 S FAIRFAX CT

City

CENTENNIAL

State

CO

Zip Code

80122-3883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR801927410624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. SAMUEL E MASEMER

Mailing Address 225 CALEB DR

City

WEST CHESTER

State

PA

Zip Code

19382-6177

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP INVESTMENT SPEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR805019110624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JOHN H SHIRIKIAN

Mailing Address 25196 VIA VERACRUZ

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-7349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

GOV RELATIONS CONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR812523310624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. DAVID M DIANTONIO

Mailing Address 416 COLONIAL AVE

City

WESTFIELD

State

NJ

Zip Code

07090-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR821860210624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOHN T DIECK

Mailing Address 7 LOAM

City

COTO DE CAZA

State

CA

Zip Code

92679-5225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ENTERPRISE RISK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR821860310624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

275.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DAVID M LANGAN

Mailing Address 14 ANNESLEY DR

City	State	Zip Code
GLEN MILLS	PA	19342-1357

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR821860510624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. MICHAEL W MCHARGUE

Mailing Address 1765 BLACKHAWK DR

City	State	Zip Code
LINCOLN	NE	68521-9085

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

IW CHANNEL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR821860610624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. HUGH M MENIN

Mailing Address 9861 E PINWOOD AVE

City	State	Zip Code
ENGLEWOOD	CO	80111-5446

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PENSION SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR821860710624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

275.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. CATHY J MORRIS

Mailing Address 1431 S 123RD ST

City

OMAHA

State

NE

Zip Code

68144-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IW SALES DESK DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR821860810624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. ARTHUR V PANIGHETTI

Mailing Address 405 PROMONTORY DR E

City

NEWPORT BEACH

State

CA

Zip Code

92660-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP REGULATORY PROJECT (ERM)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR821860910624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DAVID M RUIZ

Mailing Address 23 PASEO BREZO

City

RANCHO SANTA MARGARITA

State

CA

Zip Code

92688-2867

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR821861010624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DEREK C SUTER

Mailing Address 14067 WHEELING CT

 City State Zip Code
 FISHERS IN 46038-4530

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

KEY ACCTS MKTG DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 31 2015

Transaction ID : PR821861210624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. PATRICIA A THOMPSON

Mailing Address 1024 BAYSIDE DRIVE

 City State Zip Code
 NEWPORT BEACH CA 92660-7462

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGULATORY COMPL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 31 2015

Transaction ID : PR821861310624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. JULIE A AHLERT

Mailing Address 2465 VISTA HUERTA

 City State Zip Code
 NEWPORT BEACH CA 92660-4039

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACCTG & FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 31 2015

Transaction ID : PR823372510624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. T. REED BONNER

Mailing Address 853 FARM QUARTER RD

City State Zip Code
MOUNT PLEASANT SC 29464-9552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR826843210624

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. THOMASITO N PIEDAD

Mailing Address 24 CIPRESSO

City State Zip Code
IRVINE CA 92618-0105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SR QUANTITATIVE STRATEGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR826843410624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. CORINNE M SUDBECK

Mailing Address 1015 W BALBOA BLVD

City State Zip Code
NEWPORT BEACH CA 92661-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR826843710624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. LEE A BENNETT

Mailing Address 11285 SHOREVIEW CIR

City

INDIANAPOLIS

State

IN

Zip Code

46236-8626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR82777910624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. GEORGE M MCFADDEN

Mailing Address 20721 AVALON DR

City

ROCKY RIVER

State

OH

Zip Code

44116-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR829263110624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. KEVIN A CORWIN

Mailing Address 8920 OLDE MEADOW WAY

City

SPOTSYLVANIA

State

VA

Zip Code

22551-4568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	5		

Transaction ID : PR832704310624

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. PAUL B KUDYBA

Mailing Address 9361 SW 69TH ST

City
MIAMI

State Zip Code
FL 33173-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR832704410624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. GEOFFREY P KISSEL

Mailing Address 16 WHISTLING ISLE

City
IRVINE

State Zip Code
CA 92614-5458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INSTITUTIONAL SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR835331810624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. GEORGE A MAHASSEL

Mailing Address 4 STONEGATE CIR

City
GRAFTON

State Zip Code
MA 01519-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : PR835331910624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DARRELL DELL'ANDREA

Mailing Address 1 BLUECOAT

City	State	Zip Code
IRVINE	CA	92620-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR840159110624

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. EDMUND M JOHNSON

Mailing Address 23 HOLLYHOCK LN

City	State	Zip Code
MISSION VIEJO	CA	92692-5944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ARCHITECTURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR848549910624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. HEATHER R BRADLEY

Mailing Address 355 E OHIO ST

City	State	Zip Code
CHICAGO	IL	60611-5452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : PR849893910624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

310.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. HYUNG T KIM

Mailing Address 39 WYNDHAM ST

City State Zip Code
 LADERA RANCH CA 92694-0251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2015

Transaction ID : PR849894510624

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

31047.64

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 OF 101

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marco Rubio For US Senate

Mailing Address 24651 Evereve Circle, Suite 1

City State Zip Code
Lake Forest CA 92630

FEC ID number of contributing
federal political committee.

C C00458844

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 14 2015

Transaction ID : 13431733

Amount of Each Receipt this Period

2000.00

Refund (Contribution toward the 2016 US General
Election reported on February 20, 2015 Report)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cotton For Senate

Mailing Address 1316 Alexandria Avenue

City Alexandria	State VA	Zip Code 22308
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Thomas Cotton

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456158

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Dick Durbin

Mailing Address P.O. Box 1949

City Springfield	State IL	Zip Code 62705
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Richard Durbin

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456160

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Deb Fischer For U.S. Senate, Inc.

Mailing Address P.O. Box 83287

City Lincoln	State NE	Zip Code 68501
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Ms. Debra Fischer

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456165

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. ORRINPAC

Mailing Address 5805 32nd Street, NW

City	State	Zip Code
Washington	DC	20015

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456167

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Schumer

Mailing Address 220 I Street NE, Suite 250

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

Candidate Name

Charles Schumer

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NY	District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456175

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dold For CongressMailing Address 1001 Pennsylvania Avenue, NW
Suite 1300 North

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bob Dold Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IL	District: 10

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456176

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Holding For Congress

Mailing Address 217 3rd Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Rep. George HoldingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456177

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address 412 First Street SE, Suite 100

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Sander LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456178

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Matsui for Congress

Mailing Address P.O. Box 83142

City	State	Zip Code
Gaithersburg	MD	20883

Purpose of Disbursement
Contribution

Candidate Name

Doris MatsuiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456179

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 97 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address 213 Ashby Street

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement
Contribution

Candidate Name

Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456180

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Luke Messer For CongressMailing Address 1001 Pennsylvania Avenue, NW
Suite 1300 N.

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Contribution

Candidate Name

Rep. Luke MesserOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456181

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Neal for Congress

Mailing Address 410 1st Street, SE, Ste 310

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Richard NealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456182

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Erik Paulsen

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement
Contribution

Candidate Name

Rep. Erik PaulsenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456183

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Roskam For Congress

Mailing Address P. O. Box 713

City	State	Zip Code
Wheaton	IL	60189

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter RoskamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456184

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. THE COMMITTEE TO RE-ELECT LINDA SANCHEZMailing Address 17906 Crusader Avenue
Suite 202

City	State	Zip Code
Cerritos	CA	90703

Purpose of Disbursement
Contribution

Candidate Name

Linda SanchezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456185

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adam Schiff for Congress

Mailing Address 38 Ivy Street, S.E.

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Adam SchiffOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456186

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Adrian Smith For CongressMailing Address 3321 Avenue I
Suite 6

City Scottsbluff	State NE	Zip Code 69361
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Adrian SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456187

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jackie Speier For Congress

Mailing Address PO Box 112

City Burlingame	State CA	Zip Code 94011
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Jackie SpeierOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456188

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

4500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juan Vargas For Congress

Mailing Address P.O. Box 636

City	State	Zip Code
Annandale	VA	22003

Purpose of Disbursement
Contribution

Candidate Name

Mr. Juan VargasOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456189

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Wagner For CongressMailing Address 499 South Capitol Street, SW
Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ann WagnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456190

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address 213 Ashby Street

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gregory WaldenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

Transaction ID : 13456192

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Waters

Mailing Address 249 E. Ocean Blvd., Ste 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Maxine WatersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 24 2015**Transaction ID : 13456193**

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

35500.00